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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TRUE MEDICAL ETHICS.

[A Report of a Committee on Medical Ethics to the Meigs County (Ohio) Medical Association.]

By J. Q. A. HUDSON,

Chairman of Committee.

A correct appreciation and practice of the principles that should govern physicians in their various professional relations, is of no small moment, to secure to the physician self-respect, and to secure from the public that esteem and consideration of which the medical profession is worthy.

The principles of medical ethics or etiquette are simple; they are in fact the same, except in their application to the different professional relations that govern every *gentleman* in the concerns of life. If the physician in his professional relations would always strictly observe the principles of *manly honor, self-respect, and a respect for his professional associates*, no code of rules need be formed for his guidance or instruction.

It is with regret that we are compelled to admit as true what is a well known fact, that the medical profession is more noted than any other for infringements of their rules of etiquette and ethics. What are the causes of this? One of the causes undoubtedly consists in the incompleteness and imperfection of our present system of medical education. Many enter the ranks of doctors without having even a fair common school education, with the imperfect mental discipline afforded by it, while the number who graduate as M. D.'s is very small of those whose minds are disciplined by a classical course before becoming medical students. It is the fault of our system of medical education that so many without a cultivated taste for study or for science are found among practicing physicians. enter the profession without any love for science, or for medicine, or medical study, but merely to use the profession as the blacksmith or the tinner uses his trade, to gain a livelihood or to make money. How often do we see this in the history of members of our profession! The young M. D, just from the schools, locates and enters his profession with say, a fifty dollar investment in books and instruments. Look at him again in ten years. Do you find him with a liberal supply of new works, and a liberal subscriber to medical journals? You will probably find him with a small addition to his library, and the chances are that he takes no medical journal.

He has probably acquired property, and has a good practice, and can tell you about the price of horses and the price of land; but converse with him in regard to any new remedy, or new principles in his profession, and you find him wanting. He probably never had a taste for the study of his profession, and he has used it only as a means to make money. Using it as a *means* only, and with no love for science, he soon learns to disregard all rules of medical ethics.

Another cause of the want of a proper regard for medical ethics in the profession is, the low estimate placed upon its members by the public. This is shown by the patronage bestowed by the public upon quacks and quack medicines, including homeopathy and the little pills. The physician is too often tempted to use the ignorance, credulity and gullibility of the public to further his personal emolument or reputation, or both. The regular physician observes the ease and avidity with which the ignorant public swallows, not only

the false statements, but the poisonous drugs of pretenders and charlatans, and seeing this he takes up the same principle of humbuggery only in a different way, to secure public faith in his pretended skill and ability. The physician who descends to the use of these low, despicable and contemptible means, is what I call a *professional quack*, and is more to be despised by the profession than the known quack, who pursues his infamous calling under his true colors.

A quack pretender is worthy of contempt; a professional quack is a fit object of scorn.

When I hear of a physician relating to non-professional persons the great success he has had in the treatment of his patients, giving an account of the dangerous cases he has treated not one of which proved fatal, stating that the number he has treated is large, amounting to hundreds or thousands, and intimating that they all recovered under his marvelous skill, I rightly infer that that physician is a great liar, and I *know* that he is a despicable *professional quack*. He *may* be possessed of skill and knowledge, but if he is, this only makes his quackery so much the worse.

When a physician visits an ordinary case, the tendency of which is not dangerous, and the patient and his friends being ignorant of the mild nature of the disease, the physician impresses them with the important false idea that it was fortunate that he was called so soon, as if he had not been called in time the case would have probably terminated fatally —what is this but sheer quackery?

And is it not quackery after recovery, in a *similarly mild case*, to apprise the convalescent that he has passed through a period of great danger, but he, the physician, wisely withheld from him, during his sickness, the knowledge of his situation, as it might have had a bad effect upon the result?

Another mode of procuring cheap fame, is by using absolute, wilful falsehood, in stating the character or in giving the name of the disease.

How many families mourn the loss of little ones from the ravages of diphtheria, or from pseudo-membranous croup!

The nature and character of these diseases are but little understood by the public. In what dread are both held by the masses, and how little does the public know of the symptoms that characterize them! The professional quack, taking advantage of this ignorance and this fear, finds many cases of these diseases where neither actually exists. No child under his care can have sore throat but he takes a wise and anxious look into the fauces and states he finds evidences of diphtheria. The quack imposter simulates great anxiety and seriousness. The child's parents catch the real from the mock anxiety of the professional liar, the remedies he prescribes are carefully and attentively administered, the physician bestows extra visits and extra care on the case, for which he receives extra pay, and the child recovers—recovers from diphtheria, the parents believe, and they are loud in his praise. They are ready to heap blessings on his head. The honorable part of the profession are not inclined to join in this unmerited praise, and I can fancy that some members of our profession whom I know would give vent to some very plain cursing for the benefit of such an unmitigated charlatan. It is quite probable that some of the members of this association have acquired the public notoriety of having never lost a case of diphtheria, either through downright ignorance of what diphtheria is, or through knowingly falsifying the name and nature of the malady.

The professional quack has numerous cases of croup. If a child has a little difficulty of breathing accompanied with cough, especially if there be a slight swelling of the mucous membrane of the larynx to cause some whistling in the respiratory act, he has a case of croup. Every case of spasmodic asthma in a child is croup. Every case of irritative fever, if tardy in its course, he calls typhoid fever. Every case of intermittent fever, if a slight debility exists, is congestive chills. A slow case of dysentery is typhoid dysentery of a dangerous type.

The physician who misstates the name or character of the disease knowingly and for the purpose of obtaining reputation upon false grounds, is a being much more worthy of your scorn, than the man who does not profess to be guided by medical ethics.

Sometimes the professional quack will endeavor to explain away his responsibility, if the case terminates fatally, by averring that he was called too late to save the patient. This subterfuge he applies regardless of the period in the disease at which he was called, if the result is fatal. With eyes cast upward,

and with a face long and sorrowful as that of the hired mourner at a fashionable funeral, he exclaims: "Ah! why was I not called sooner!" Even in cases in which it is an established character of the disease to be invariably fatal, such a physician will claim that he could have cured the patient had he been called in time.

The foregoing are only a few of the illustrations of the base practices of such a man, that he may gain the admiration of the ignorant, and a false reputation among the unprofessional. But the physician who will resort to these measures, will not be very scrupulous to call to his aid others which he thinks may indirectly exalt himself. While using the means I have named to lay broad and deep the foundation of his own fame and renown, he sees with an eye of envious jealousy the honorable fame of his more worthy co-laborers in the same field of practice. His selfish desires impel him to traduce the fair name and ability of his more honorable and more worthy rivals. The professional quack finds it necessary, as a part of his plans for success, to be on seemingly friendly terms with other physicians. He must also, if possible, be a member in apparent good standing of medical societies, and his aspirations even lead him to desire official position in them.

Notwithstanding this seeming friendship with other physicians, and his membership in medical associations, he will cunningly and secretly, and even openly at times, say something or do something to injure the professional character of other physicians. It has in some instances been the custom of some members of this association, in consultation with other members younger than they, to pay no professional regard to the physician with whom they were called to counsel, but to proceed at once to the bedside of the sick, make the necessary interrogatories to ascertain his condition, give an opinion to the patient and his friends as to the nature of the complaint, and, without consultation, turn to the physician in attendance and give him *instruction* as to the plan he should pursue in the treatment. I say that proceedings like the above have been done by members of this association, the physician who has been called in council presuming, upon his acquaintance with and reputation in the family to which he is called, to act thus in plain defiance of every principle of propriety or respect for medical ethics. Could any gentleman act thus? The profession is disgraced by the existence in it of a member who thus tramples under foot the decencies of common civility.

Another intrigue is often pursued by counsel. The consulting physician will state to the patient and his friends, in the presence of the attending physician, that the treatment previously pursued met his entire approval, and afterward state privately and very confidentially to the friends, that a course somewhat different in the treatment might have been better, or that the attending physician did not seem fully to understand the nature of the disease, and that it was fortunate that he was opportunely called to impart to the attending physician some important ideas that he did not have in the case, as to its nature or treatment.

Again, the consulting physician will (if he wishes to be unfair and undignified), if the statement can be made so as to reflect credit upon himself and detract from the standing of the attending physician, make public boast that the attending physician was not informed of the true nature and treatment of the case in those instances where such is the fact, and the consulting physician will be at special pains to state that he (the great consulting physician) set matters aright, corrected the mistakes of his brother physician, and saved the life of a human being endangered by the attending physician's ignorance. It most assuredly is the duty of every member of the profession to cover up all errors and mistakes, when he can do so honorably and in justice to all parties.

Another plan acted upon sometimes by the professional quack is, by inquiring of the friends of the sick who is under another physician's care in regard to the state of the patient, his symptoms, the nature of the trouble, the treatment pursued, and insinuating directly or indirectly that his skill and advice would be valuable in the case, and if solicited to attend he would say that if the attending physician were discharged, or notified that his services were not desired any further, then he would do so. Such a course as just related has been often pursued, and none but a physician of the lowest stamp of honor would resort to it. But the professional quack has no honor or principle.

It is a *lex scripta*—a written law of medical

ethics—that the physician should avoid scrupulously all intercourse with patients that are under the care of another. And when it is absolutely necessary to visit a patient of another on business, the physician should make no allusion to the illness of the patient. Notwithstanding this written law, physicians have been known to directly solicit of the patient his or her patronage, when the physician so soliciting knew that the patient was under the treatment of another.

Again, physicians have been known to have solicited patronage of the sick through the medium of a friend, which friend will visit the patient, inquire about the sickness, make disparaging remarks concerning the treatment, and the physician in attendance, and adroitly recommend the skill of the one for whom the solicitation is made.

Another peculiar custom which some physicians adopt in consultation, even in those cases where the consulting physician agrees in all points in the case with the attending physician, is to *recommend* and *insist* upon some change in the *form* of the prescription, so that the patient and the friends may be led to infer, unless otherwise informed, that the consulting physician differed in some points from the physician in attendance, since a new prescription was ordered. I am credibly informed that a member of this association has been called to a patient whom he knew at the time to be under another's care, and without even desiring the friends of the patient to notify the previously attending physician that his services were not further wanted, in these instances not even protecting himself with the form of decency by requesting notice to be sent to the physician previously in attendance, taking the case at once under his care. Such conduct by a nominally respectable member of an association is enough to take away one's breath.

Another disregard of the code of ethics has been observed in not preserving that strict secrecy in those private diseases or private affairs of his patients or their families of which he becomes cognizant during his professional service. It is a professional duty expressly stated in the code, that no matters of a character that the patient or the family desire to be kept private, when coming under the knowledge of the physician, shall ever be divulged, except when he is compelled to do so by courts of justice. This duty extends beyond the period of professional service. It would seem that the self-interest of the physician would be a sufficient guard upon his tongue, but with some men the love of conveying news, or the gratification of spite, or revenge, induces them to disregard the demands of gentlemanly honor.

I will now mention another matter, simply because I think that if attention is called to it by a statement of the facts, some good may result. The library of the physician constitutes a part of his weapons of warfare against disease; and the good physician prizes his books and delights to keep himself informed, not only of the observation and experience of the past, but also of the observation and researches of living laborers in the field of medical science. To the progressive physician his books and his journals are his jewels, in the study of which he finds his greatest pleasure. The question presents itself, ought he to lend his books? I should say that he should, under certain fair rules that the borrower ought to observe in the use of them, and in regard to returning them.

A physician will wish to borrow a book, perhaps a text book that the lender has frequent occasion to use in his studies or in his practice, or the physician wishes to borrow a journal that has not even been read; he receives them, and in some instances the physician is reluctant to let them go, but does not wish to be nor to appear niggardly or selfish. The lending physician has done his duty, and probably more, in regard to text books, but what is the duty of the borrower? Is it a privilege and a right to keep these borrowed books lying on his table for weeks, or even months, not reading them himself, and depriving the rightful owner of the use of them? It is evidently the duty of the book borrower not to impose upon the kind generosity of his neighbor by retaining, unread for weeks and months, borrowed books and journals; but to read and return them in a reasonably short time. A more liberal practice of interchange of books would tend to improve and enlarge our knowledge, provided some honor and fairness were observed in returning them.

I need not occupy your time by stating the grounds showing the necessity and duty of the physician to his patients and to the profession, to keep himself informed in regard to the

constant advances in our science. All other departments of knowledge and science are rapidly progressing, and medicine will not lag behind. During the past ten years, medical discovery in all its various branches has been great, and improvements of no minor value have been made in our therapeutics. The physician who keeps pace with medical science must needs be a great student. If he wishes merely to retain in full force and brightness the knowledge of his brain when issuing from college, diploma in hand, he will soon find that other men running the same race of professional life will soon outstrip him in honors, winning laurels he has lost through ignorance of the great principles of progression. Our profession should ever be alive to the great truth that the intellectual world is moving onward and upward, and we should not only desire to move with it, but should actually add our strength to push on the car of progress. If the physician does this, he must know what is doing in the medical world. Medical journals should be taken and read; new books should be added to the library; and the physician in this way, will make himself familiar with events occurring outside of the little locality of his daily rounds.

The physician should be a careful student as to the use of new remedies, new instruments, and new appliances in the treatment of disease, as well as the use of old remedies to diseased states in which they were heretofore not used. Mankind has been greatly benefitted, and the powers of our art greatly increased by the introduction of such new remedies as bromide potash, hydrate of chloral and carbolic acid, and the use of such instruments as the hypodermic syringe, the sphygmograph, the ophthalmoscope, the steam atomizer, etc. The practicing physician should be thoroughly informed in regard to the use of all new remedies and appliances, and he should be ready to use them whenever the welfare of his patients requires it.

To be informed of the details of the new means introduced for the treatment of disease and to judge of their value, and to determine the cases to which they are applicable, demand both study and careful judgment. We must remember that art is long and time is short, and to accomplish any important end we must work. Work to-day, to-morrow, work on patiently and diligently in the future with more zeal than in the past, and we will daily add to our knowledge and our usefulness.

I come now to a topic which I enter upon with feelings of regret, yet which duty impels me to lay before the association. The physician who becomes a professional quack, and at every street corner and on the highways is ever blowing his horn loud and long in self-praise, and ever ready by cunning or open means to traduce and defame his professional associates, centering in himself, and only in himself, his ideas of medical ethics, selfish in his ambition and regardless of the rights or good name of others, is in a fit state to slide easily into those evil practices, that are criminal by every principle of moral or legal law.

He becomes a criminal for *money*, provided his secret crimes escape the knowledge and censure of the profession, and the cognizance and punishment of the statute. The professional quack often becomes an abortionist. He is ready to commit crime, and in doing so often covers up the crimes of others.

The professional quack, unjust to himself, to his patients, and to his profession, is ready to wage war upon the rights of society, and set morality and law at defiance.

The profession should make a firm, open stand against the crude, immoral ideas of public opinion as regards abortion; and the physician who pursues this base practice should receive the anathemas of the profession, and the strong arm of the law should follow him with the fullest visitation of its just punishment.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Surgical clinic of F. F. Maury, M. D., Lecturer on Cutaneous and Venereal Diseases in Jefferson Medical College, etc.

October 4, 1871.

[REPORTED BY DR. RALPH M. TOWNSEND.]

Chronic Synovitis of Knee-Joint Attended with Great Plastic Deposition—Excision.

Here is a knee-joint that speaks for itself—chronically inflamed and the articulation involved. The patient is a laborer, thirty years of age, and of temperate habits. He has been an inmate of this hospital less than two weeks; but his present condition began two years ago, coming on gradually, and attended with lancinating pain during the first year. Previous to his sickness he was employed as a fireman,

an occupation that subjected him to great and sudden changes of temperature. At present he cannot straighten his leg, and, although he suffers but little pain, he does not sleep well.

There is immense plastic exudation around this joint, obliterating natural boundaries, and giving the part a feeling of great hardness.—There is also an abscess in the muscles of the thigh, just above the knee.

Operative measures are evidently demanded here, but the case is one where conservative surgery may well be called into play, and a so-called exploratory operation seems the first indication to be fulfilled. Save a leg, if possible, for a natural limb, though deficient in many of its workings, is better than the most complete artificial substitute. Excision of a joint is now often practiced, where formerly amputation would have been called into play. From one-half to an inch of the articular extremity of a bone can now be excised, according to the particular bone operated upon; to go further than this is to open the medullary canal and jeopardize not only the success of the operation, but life!

The operator now commenced the exploratory operation, which consisted in making a U shaped incision, the convexity looking down. The knife was entered at the condyloid ridge of the femur and carried down nearer to the posterior than the anterior part of the limb, to facilitate drainage; and then the incision was carried below the patella, dividing its ligament to the opposite side of the limb, care being taken to come in front of the saphenous vein. This flap, containing the patella, was now dissected up. In order to entirely expose the joint, the crucial and internal and external lateral ligaments were divided, the former being found partially destroyed; and the leg was gently flexed upon the thigh. A carious condition of the articulating surfaces of both bones was revealed; and five sinuses were found communicating with the joint.

The case being one eminently adapted for excision, the parts were placed in proper position, steadied, and the operation continued. So that the class might witness the working of different instruments, the saw of Mr. Butcher, of Dublin, was selected for the femur, while the ordinary amputating saw was used upon the tibia. The objection to the former instrument is its unsteadiness; its advantage over the latter saw is that it can be worked from behind forward and thus less risk is run of injuring the great vessels in the popliteal space.

In dividing the trochlear surface of the femur, the saw was placed perpendicular to the long axis of the bone, otherwise the sawing might result in an obliquity which would not allow proper coaptation with the cut end of the tibia. In this part of the operation an important thing to be remembered is that the internal condyle of the femur, naturally is longer than the external, owing to the obliquity of the thigh bone, due to its mode of articulation at the acetabulum. Hence, in the sawing, the internal condyle must be left the longer; otherwise, after the resection a bowed condition of the limb will result.

The amputating saw was next brought into requisition, and the head of the tibia sawn off from before backward, care being taken to avoid nicking the popliteal vessels. Intervening healthy slices of bone, along with the entire patella, were secondarily removed, when the parts were found to fit well together. The fibula was undisturbed. As the key-note of every exsection in this locality is *immobility*, the parts were confined upon a straight splint, that extended along the under surface of the leg and thigh. A trap-door existed in the splint, directly under the popliteal space, thus allowing change of dressing without interfering with the fixed position of the limb. Firm pressure was made over the knee to keep the parts from tilting up. The limb will be kept in this position six, eight or ten weeks, according to circumstances.

This man will have tonics and good diet, be allowed to smoke his cigar, and will be brought before the class from time to time, so that the gauntlet of surgical ills he runs may be witnessed.

October 11. This patient was brought before the class to-day, doing well in every particular. A mass of oakum surrounded the joint, to absorb discharge; the latter, which was profuse, being perfectly laudable. This is the excision performed in this city, and in connection with this case, Dr. MAURY brought before the class

A Double Excision, Hip and Elbow, on the same Patient.

The subject of this double operation is a little girl about nine years of age. The primary excision, that of the hip, was done last winter; and from this the little patient made a successful recovery. The secondary excision on the elbow was performed some three weeks back, and now the child is rapidly progressing to a cure. She wears a splint that flexes the forearm at a little less than a right angle, and she will probably have some after motion of the joint. This case is unique, probably no similar one being on record; and as soon as the notes relative to the primary excision are furnished me, I will give a detailed report of the case in the pages of the REPORTER.

Podelkoma.

The next case was one of tertiary syphilis, revealed by an indolent soft ulceration in the sole of the foot—a part of the body that seems at times almost intractable to treatment. Where this affection occurs in the palms of the hands, it is almost equally unmanageable. Syphilitic ulceration in other portions of the body will oftimes yield promptly to such an application as the acid nitrate of mercury, but in these localities the surgeon is oftimes baf-

fied and annoyed by its utter failure. This woman has been in the hospital many months in consequence of this condition, and amputation has been practiced by the leading surgeons of the city for the relief of similar trouble.

This affection, denominated podelkoma by Prof MILLER, of Edinburgh, is a peculiar ulcerous condition, generally of the foot, and characterized by the occurrence of numerous small sores, separated by thickened and indurated skin. The discharge is foul and irritating. In cases of long standing the bones may even be involved.

As persistent treatment of all kinds has utterly failed in this case the actual cautery will be tried as a dernier resort. Every ulcerated spot will be touched with the hot iron. The operator stated that he had derived great benefit from this kind of treatment in chronic ulceration resulting from buboes; and, as here there was extensive involvement of the subcutaneous tissue, the change necessary to its reparation would doubtless be brought about by the use of the cautery.

The parts were now thoroughly cauterized and enveloped in a wet towel. To-morrow morning the application of poultices will be commenced.

Chronic Synovitis.

The last case of the clinic was a negro boy, who was striped over the knee last winter by the lecturer with the actual cautery, for the relief of white-swelling. This procedure has had the effect of greatly reducing the swelling and relieving the pain; but the limb is now flexed at such an angle as to render it useless. There is tightening of the hamstring tendons here, and ultimately they must be divided. Passive motion only will be instituted to-day.

Chloroform was now administered to the patient, and when he was fully under its influence the operator grasped the ankle firmly with his right hand, at the same time making pressure upon and steadying the knee with his left. Assistants held the thigh perfectly firm. In this way gradual extension was made and the limb finally brought out almost straight. This is a case of false anchylosis, and the limb will partially resume its flexed posture after the patient comes from under the influence of the chloroform.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

October 9, 1871.

C. G. COMEGYS, President, J. W. HADLOCK, M. D., Secretary.

[REPORTED BY C. P. JUDKINS, M. D.]

Report of Committee on Venereal.

GENTLEMEN.—The views held by the medical profession of Cincinnati, with a few exceptions, are so nearly similar in regard to venereal affections, that I thought it best to cite a case treated by myself as a basis for this paper, and I am further led to do so as I was unable to get any of those medical gentlemen that I applied to to give me their views in writing on this subject.

C. J., aged 25, clerk; of good muscular development, nervo-sanguine temperament; of previous good health; habits regular; called at my office 12 months since to be examined for a sore that had appeared one week previous on the inner surface of upper lip, was spreading rapidly, and resisting all kinds of simple treatment. On examination I found a superficial ulcer involving the central portion of the mucous membrane extending from the free border to the junction of the lip and the gum and nearly a half inch in width; the central portion was covered with a grayish, firmly adherent membrane, the edges being continuous with the surrounding healthy tissue; little excretion from the surface of the sore; on palpation markedly indurated, the induration and swelling being so great that the patient moved the lip with difficulty; the glands in the submaxillary region were enlarged and indurated; no change could be discovered in any of the other lymphatic glands of the body; the surface of the body was entirely free from eruptions of any kind; mucous membrane healthy; all the functions performed naturally.

On questioning the patient, I learned that he had had suspicious intercourse twelve days previous to the appearance of the sore on his lip, though he had suspected no venereal taint, as his penis was perfectly sound at the time of examination and had been for the last eight months, at which time he had had a soft sore on the prepuce, which I treated myself with cauterization and healed in a few days. I expressed the opinion to the patient that he was suffering from a true indurated chancre, and that it would be followed at the proper time with the general manifestations of syphilitic infection, and I based my opinion on the following symptoms:

1st. Incubation. The best authorities, among others BUMSTEAD, BERKLEY HILL, CUILERIER, RICORD, CLERC and FORRESTER, insist upon it that there is a distinct period of time that occurs between the exposure and the appearance of the sore; in rare cases the period of incubation as it is called, is less than ten days and in many extends to thirty days, and that this period of incubation is one of the greatest aids in diagnosting a chancre from a chancroid, or a hard from a soft sore; in the former there is this distinct time which the poison lies apparently dormant in the system, whilst in the latter the appearance of the sore immediately follows exposure.

2d. Induration: Though this symptom is not as constant and as well marked as the first, still in the majority of cases it can be detected in a greater or less degree, provided the sore

has not been irritated by cauterization, etc., and provided the swelling and œdema surrounding the sore is not so great as to prevent successful palpation. In the case before us, though the swelling and œdama was marked, still that peculiar indurated grissel-like sensation was imparted to the touch which can be felt in most of this class of sores; whilst on the other hand the want of induration and the facility of approximating the sides of a soft sore is marked.

3d. Appearance of the sore: Though this symptom is more or less deceptive according to the tissue attacked, and the general health and habits of the patient previous to infection, still the best authorities make the distinction between a soft and hard sore, that the former is a marked point of ulceration, edges well defined and extending directly down from the surface of the tissue, attacked to the bottom of the sore which is of a ragged appearance, and covered with a more or less copious yellow secretion, sore circular in shape; whilst in the latter the sore is superficial, sometimes elevated above the surrounding tissue, edges shelving and not well defined, irregular in shape, surface of sore more or less smooth and glistening, and secreting little if any purulent matter.

4th. Appearance of the lymphatic ganglia: Though this symptom is sometimes entirely wanting, still when present it is of great aid in forming an opinion; the anatomical gland is the only one affected in patients suffering from a soft sore; and it is claimed by many authorities that the disease stops here, whilst the glands of the whole lymphatic system are more or less affected in cases of general syphilitic poisoning. Then again, the lymphatic gland or glands (for you may have one gland on either side of median line attacked) become affected always after the commencement of a soft sore; whilst the lymphatic glands of the groin and posterior cervical region are enlarged, and indurated simultaneously with or even, before in many cases, the appearance of a true chancre.

Therefore, for these four principal reasons: 1st, History of the case; 2nd, Induration of the ganglia; 3d, Appearance of the sore itself; 4th, Its marked hardness—I gave the opinion, I did; and subsequent developments proved I was right. In six weeks after the appearance of the sore he was attacked with secondary symptoms, viz.: roseola, mucous patches in his mouth; slight alopecia; and later with an ill defined pustular eruption. Under the use of mercurial inunction, cauterization of the mucous patches and attention to his general condition, the symptoms gradually disappeared and patient was discharged, apparently cured, two months since.

EDITORIAL DEPARTMENT.

PERISCOPE.

Sudden Death in Childbed.

At a recent meeting of the Dublin Obstetrical Society, Dr. THOMAS MORE MADDEN delivered a short address on this subject. He commenced by saying the causes of this lamentable accident are manifold; some cases appear to have occurred from the shock of difficult labor acting on a delicate constitution; others from the entrance of air into the open uterine sinuses; others from cardiac disease; in other cases, again, no cause whatever was disclosed by pathological investigation for the fatal event. The most frequent cause of sudden death after labor, according to Dr. More Madden, is thrombosis or embolism, or the separation of fibrine from the blood within the circulation. In the puerperal state the blood, as well as during pregnancy, contains a marked excess of fibrine as well as of serum, and a diminished quantity of red corpuscles. Moreover, during the puerperal state the blood is otherwise altered from its normal condition by the admixture of the products of the physiological changes which are then going on in the uterus. Under these circumstances the formation of coagula may be readily favored by anything that may derange the balance of the circulation; and this exciting cause may, in many of these cases, be found, observed Dr. More Madden, in the vascular excitement of difficult parturition, where a small fibrinous coagulum may be forced from the right ventricle into the pulmonary artery, and this remains until, by successive additions of fibrine, the calibre of the vessel is completely obstructed, and death necessarily and suddenly ensues.

The cause of death in two of the cases narrated by Dr. More Madden was very peculiar, and, as far as is known, is not mentioned by any other writer.

Dr. More Madden then proceeded to relate the particulars of five cases of sudden death after labor which had come within his own observation. Four of these occurred in the hospital with which he was connected (the Rotunda), and one occurred in private practice. In one case death was caused by extensive sloughing of the uterus, which was thus completely separated from the vagina; in one it resulted from the entrance of air into the uterine sinuses; in two from fatal

syncope; and in one very remarkable case from rupture of a varicocele of the left ovarian vein.

The Treatment of Syphilis.

Dr. BUMSTEAD says in the *American Practitioner*:

My own experience with mercury in the treatment of venereal diseases leads me to conclusions which may be briefly stated as follows:

1. Avoid mercury in all cases of chancroids, also in all doubtful cases of venereal sores following exposure, unless the failure of other remedies and the danger of destruction of important parts leaves no other resource. Such cases are extremely rare. Experience shows that even in well-marked cases of true chancre it is better to defer the administration of mercury until secondary symptoms appear. We are, however, justified in its use in case the chancre, contrary to custom, assumes a phagedenic form; in case the patient's relations, as in matrimony, demand that the sore should be speedily healed: or in case that he himself is unwilling to submit to delay.

Although a true chancre will heal and secondary symptoms will disappear spontaneously, especially when favored by attention to hygienic rules, yet mercury is the only known agent which has a *direct* action upon them. In tertiary syphilis the iodide of potassium alone has a remarkable effect in dissipating the symptoms for a time, but the concurrent use of mercury is of great value in preventing their return.

3. When using mercury for syphilis, use it as the French say, *coup sur coup*—"blow on blow." In other words, give it actively and for short periods, repeated if necessary, rather than in small and long-continued doses. Harm is less likely to result from the former than the latter course, and another advantage is that you have the means of testing the correctness of the course you are pursuing. If the disease has progressed in spite of the first thorough trial, you are probably wrong in your indications; if it has yielded but not disappeared under the first *hit*, you can hit it again!

4. When a patient for the first time comes under treatment for syphilis, mercury is usually well borne, and does its work well, given by the mouth. It may therefore be administered in this way, and the greater inconvenience of its external use be avoided. During the first mercurial course that a syphilitic patient undergoes the remedy commonly acts more effectively and speedily upon the symptoms than in subsequent courses. In the first course also there is greater danger of salivation; so that a patient who at this time has had his gums made tender by the administration of mercury for a few days may in a second or third course be brought under the influence of this agent with great difficulty. Hence, greater caution is requisite in the early treatment of syphilis; and since the physiological influence of mercury often rapidly follows the therapeutical, it is well to suspend the treatment or diminish the dose as soon as a decided effect upon the symptoms is apparent. In old cases of syphilis, especially when mercury has already been used repeatedly or for a long period, its internal administration is found to have less effect upon the disease; and although the danger of salivation is slight, yet other ill effects of the mineral—such as irritation of the intestinal canal, loss of appetite, diarrhœa, and general cachexia—are more likely to ensue. Hence, its external use is now to be preferred to its internal.

5. For reasons already given, the corrosive chloride is the least desirable of all the preparations of mercury for internal administration. I usually employ in my own practice either the pil. hydrargyri or the protiodide, or sometimes the hydrargyrum cum creta. The protiodide is found to be too irritating to the bowels of some patients, and in all cases should be given half an hour or an hour after meals, and not on an empty stomach. The mercury with chalk acts mildly, but effectually, when well prepared, and is conveniently combined with quinine and put up in capsules. I most frequently, however, employ the blue mass, made into pills of two or three grains each, with the addition of one grain of the dried sulphate of iron; one pill to be given, three or four times a day, an hour after eating. These pills rarely act upon the bowels or require the addition of opium.

Of the three methods for the external use of mercury more commonly employed, viz.: inunction, fumigation, and hypodermic injection—I decidedly prefer the first named, for which I have given minute directions in the third edition of my treatise upon venereal diseases, page 497. Moist mercurial fumigation, so strongly recommended by Mr. Langston Parker, is indeed less repugnant to sensitive patients; but, judging from my own observation, is less efficacious and less convenient, and requires more time for each bath than most patients can well spare. Moreover, unless the patient take the baths in his own room, or the surgeon administers them at his office, they must be intrusted to one of our professional bath-givers, who, as a class I am sorry to say, are prone to wean the patient from his medical adviser, or to fill his mind with ignorant or false notions. It is pretty generally conceded by those who have made an impartial trial of hypodermic injections in the treatment of syphilis that this method is not to be recommended for general adoption. (See a review of this method by my partner, Dr. F. R. Sturgis, in the *American Journal of Syphilography and Dermatology*, April, 1871; also, an able article by my friend, Dr. R. W. Taylor, in the *Medical Gazette* for May 13, 1871.)

Mercurial suppositories introduced into the rectum were recommended by Lebert, *Berl.*

Klin. Wochenschrift, No. 14, April, 1870. I made a trial of them recently in four cases at Charity Hospital, with results so unsatisfactory in controlling the disease that I abandoned the experiment.

Flies in the Sick-room.

Dr. HEWSON says, in the *Medical Times:* As to protecting and ridding ourselves of these pests, there are various expedients to be resorted to under different circumstances. You may drive them out with a brush, but, unless something is done to render the place uninviting to them, they will return immediately. There are many weeds or plants emitting an empyreumatic odor which answer well for the purpose. Of such to be found about the country in this neighborhood I know none more effectual than the wild chamomile, a species of anthemis, known also as cotula or Mayweed. The odor of this plant is not at all disagreeable, and branches of the weed when in flower, or some of the dried flowers, scattered about a room, will soon rid it of all flies.

Another means, perhaps quite as efficient and certainly more easily resorted to, is to throw some powdered black pepper on a hot shovel and carry it about the room. The generation of empyreumatic vapors in the same way from other spices will also, it is said, answer the purpose. A few drops of carbolic acid or creasote, on a cloth hung up in a room or used in the dressings, would probably be effectual, but the odor is not usually so acceptable to one's olfactories.

COOLEY, in his Practical Receipts, tells us that it is a fact not generally known that flies will not pass through a netting made of fine silk, thread, or wire, even though the meshes are an inch apart, unless there is a window or a light behind it. Hence the satisfaction which the patient before you experiences in getting into a corner of the ward, although it is not darkened, with his net over him. Early yesterday morning I had a demonstration of the truth of the converse of the above, in a man with no more smell about him to attract the flies than there is about the present patient. He was in a bed with a fly-net over him elevated some two and a-half feet from the bedding by hoops, and the bed itself was in such a position in the north ward that there were three windows and a door on either side and end of it, so that we could see perfectly through the netting from every direction. As I approached the bed, I noticed and directed the attention of those who were with me to one of these checkered flies sailing about. In a moment she alighted on the net, and, walking a short distance on it, she attained a point apparently in a direct line above where some pus had escaped through the bandage. There she seemed to stop deliberately, and, making an effort, she extruded a number of maggots, which, falling through the netting, were landed close by to where they would have soon found plenty to live on. This furnishes us with an excellent illustration of the influence of light, and why the darkening of the room is an important measure of protection.

Now, there are many means of killing these flies, such as the fly-paper sold in the stores, and various mixtures, either of powder or paste, such as a strong decoction of quassia thickened with moist sugar, or the following mixture: one teaspoonful of powdered black pepper, two of brown sugar, and four of cream. All such, however, are, I think, objectionable, from the fact that they contain saccharine matter to draw the flies. You but invite a host of mourners for those destroyed by the poison, thus in the end aggravating the evil. As to the maggots, they cannot only live but thrive under any topical application which is not injurious and painful to ulcerated surfaces; hence, when once in a wound, there is no satisfactory way of ridding the part of them except a mechanical one—washing or picking them off.

Penetrating Wounds of the Chest.

Dr. W. F. BREAKEY speaks of the treatment of these wounds by hermetical closure, in the *Michigan University Journal*, as follows:

A more specific report of the following cases, was furnished the Surgeon General as material for the medical history of the late war, but as the publication of that history is so long delayed, perhaps, as repeatedly suggested to me by medical men, the tabulated facts are of sufficient importance to merit publication.

It may be generally remembered that during the late civil war, Dr. B. HOWARD, Assistant Surgeon U. S. A., recommended the revival of an old method of treating penetrating wounds of the chest by hermetically sealing them. At the battle of Gettysburg, July, 1863, he obtained permission of the medical director of the 5th Corps to have such cases turned over to him for treatment, and about twenty were so treated. His method of operating was, simply to convert the ragged wound into a clean, fresh, elliptical incision by paring the edges of the wound, closing the incision by deep, close metallic sutures, cut short and covered by fine lint and collodion.

Dr. Howard, in a paper published about the close of the war, claimed for this treatment a greater success than for the ordinary treatment; stating substantially that the results of hemorrhage and suppuration would be removed by expectoration and absorption.

As the result of these cases is unfavorable to Dr. Howard's claims, I am sorry that I cannot find his paper and quote from it literally, though as only a statement of facts is intended here, and not a discussion of theories, no injustice will be done him.

I may remark that the Surgeon General, in acknowledging the reception of the report,

stated that "many facts at variance with the conclusions of Dr. Howard in relation to penetrating wounds of the chest, have already been reported to this office."

It was the opinion of most of the medical men in the corps, whose opinions I heard at the time, that the theory was no; sound, and that the practice indiscriminately applied would be no improvement over the old method of simple water dressings, leaving the wound open, and the result of these cases would seem to justify such opini ns.

It is but fair to state that some of these cases were very unpromising at the time of the operation, being greatly depressed from shock, hemorrhage, and impaired respiration. Also, that Dr. Howard's plan contemplated immediate operations, while some of these men had been wounded twenty-f ur hours; though I think their c ndition would average as good as that of the whole nun ber of that class of wounded, resulting from the battle.

I was present and assisted in a number of these operations, and received from Dr. H. when he moved on with the army, July 5th, a list of fourteen cases, which he requested me to look after. As they were in different hospitals, I only saw a part of them daily, but h ard from others while they lived, and collected the results given below from the records of the general hospital and medical director at Gettysburg in October, 1863.

In ad ition to this list of fourteen cases, the names of three others were found, who were known to have been thus treated, and another of whom it was not positive, but all the information obtainable rendered it probable that he had been so treated, making eighteen in all, of whom thirteen were known to have died within one month, and seven of these within from one to f ur days after the operation. The names of two could not be found on the register; one was recorded as "gun shot wound of shoulder" and "sent to Gen'l Hospital July 9th;" and another as sent to general hospital, July 24th—both dates prior to the reception of patients at the general hospital at Gettysburg, so that they must have been sent to some more distant hospital. I have tried to get further information of these four men, but thus far in vain; while the only one of the eighteen known to be living on the first of September, two months after the battle, was L. G. Bradley, corporal, Company B, 136th N. Y. Vols., of whom the Adjutant-General of N. Y. wrote me that he was discharged in August, 1863.

Thus, excluding one sent to general hospital and not heard from, two not on register, and one registered "gun shot wound of shoulder," there would be fourteen left, of whom thirteen died; and including these four very doubtful cases, it still leaves a mortality of over 75 per cent.; while of about *seventy* cases of penetrating wounds of chest (the whole number made during the battle, and including prisoners), about forty were living on September 1st, while the thirty deaths included Dr. Howard's fatal cases.

Taking out his eighteen cases would leave *fifty-two* cases and *twelve* deaths or about 25 per cent. mortality for the ordinary treatment. It is also worthy of remark that in all of these cases that lived beyond one or two days, the wounds became open and suppurating, and could hardly have been benefitted by being temporarily closed. A very full and fair consideration of this plan of treatment, and of the limited classes of cases in which it may be applicable, will be found in Dr. Frank Hamilton's Work on Military Surgery. Dr. Hamilton thinks the error is in applying it indiscriminately to all cases. Also may be found in the Med cal Record, Vol. iv., p. 412, an interesting report by Dr. A. H. Smith of N. Y., of a case or cases of collapse of lungs from gun shot wounds, recommending hermetical closing of the wound in such case, but without reference to Dr. Howard's theory or plan of treatment.

Genius and Insanity.

That eminent alienist, Dr. HENRY MAUDSLEY, says, in the *Journal of Mental Science:*

"I have long had a suspicion, which experience is strengthening into a conviction, that mankind is indebted for much of its originality and for certain special forms of genius to individuals who themselves, or whose parents, have sprung from families in which there has been some predisposition to insanity. They often take up the bye-paths of thought, which have been overlooked by more stable intellects, and, following them persistently, discover new relations of things; or they display special talents or energies which they discharge in originalities, or perhaps even eccentricities of action; inspired, too, with singular faith, they are reckless of obstacles that would have daunted energy less enthusiastic. And the world is notably the gainer by their existence. Indeed, I wish some one would undertake the task of examining and setting forth how many of the great reforms of thought and action have been initiated by persons sprung from insane families, or some of whom might themselves have been thought insane. I am persuaded that if the task were well done, the world would be not a little surprised at the result—surprised to find how large a part of its noble army of martyrs they constitute. There is sufficient truth in the saying that "men think in packs, as jackals hunt," to make welcome in any age, and especially in an age that seems rather to lack the originating impulse, the man who can break through the usual routine of thought and action, and think some new thought or do some new thing. This impulse of originality is truly a sort of inspiration, which comes not by reflection, which indeed a man cannot acquire if he have it not naturally; and perhaps it was in a recognition of this fact that was engendered

the old superstitions that the insane were divinely inspired.

However this be, let it be distinctly understood, and ever borne in mind, in estimating the influence of hereditary action upon the individual, that there is not merely a law of hereditary transmission by which a child inherits the qualities of its progenitors, but that there is also a law of variety whereby it comes to pass that no child exactly resembles either parent, or, so far as we know any one of its ancestors. There is a law of *invention* as well as a law of *imitation*, too much overlooked hitherto by writers on hereditary diseases, which sometimes evinces its operation in a remarkable manner in families that have a taint of insanity, and so leads to the display of originality. Add to the action of this law of invention or variety the action of another well-known law, by which a diseased organism strives, as it were, to return to a healthy type, not only in the individual but through generations, and so occasions a tendency in disease to die out, unless freshly lighted up, and it will be sufficiently evident that hereditary action in disease is very far from having matters all its own way.

If these speculations be well founded, it is clear that to forbid the marriage of a person sprung from an insanely-disposed family might be to deprive the world of singular talent or genius, and so be an irreparable injury to the race of man. It would be something like the custom which has prevailed among certain nations, to kill their weakly and deformed children; thus carrying into conscious operation the law of natural selection, by which the unfittest perish, and the fittest survive, in the struggle of existence. A recent scientific writer in Germany speaks of this practice as it prevailed among the Spartans, as an "excellent example of artificially improving mankind," whereby such beings are destroyed as would otherwise be kept alive "to their own detriment and that of others." But the obvious objection to putting this savage theory in practice is, that a child weakly and deformed in body might turn out to be anything but weakly and deformed in mind; that it might, on the contrary, be great in poetry, philosophy, invention or action; history furnishing numerous instances of men that have done immortal things who, had the Spartan custom prevailed, would never have survived their childhood. While we know so little as we do of the laws of human production, it certainly would be unwarrantable to interfere in that way with the production of mankind, and for a like reason I cannot think science yet has the right to forbid marriage to those in whom some tendency to insanity exists.

On the Choice and Adjustment of Trusses.

The following lecture is by JOHN WOOD, F. R. S., Surgeon to King's College Hospital, and Professor of Surgery at the College, and is from the *British Medical Journal:*

In a truss there are two principal parts which require separate consideration, viz., (1) *the pad* which communicates the pressure directly upon the hernial opening and restrains the protruding tumor; and (2) the *retaining apparatus* which holds the pad in place, and applies and distributes the pressure and counter-pressure. In the great majority of instances the varieties of each of these may be combined in various ways, with those of the other; and you are not obliged to employ a particular kind of compressing apparatus with a particular kind of pad. In my opinion, the choice of the shape and material of the pad, and its adaptation to the kind of rupture is of more importance than the kind of apparatus which is contrived to keep it in its place. This arises from its more intimate relation to the constituent parts of the rupture. I have elsewhere explained to you that in reference to the means of relief—i. e., in their practical aspect—ruptures may be divided (1) into those in which the opening in the abdominal walls is oblique or valvular, and more or less tubular, and (2) those in which it is direct and short. Again, an important consideration is whether the hernial opening normally transmits, or is in close relation to, important structures, which must be protected from any injurious pressure or other damage. Now the *oblique or external* inguinal hernia is usually valvular; and it is also, in the male, in close relation with the delicate structures composing the spermatic cord. The *femoral* or *crural hernia* is less effectively valvular in its formation, and it is also in close relation to the large and important femoral vessels and lymphatics. In these kinds of rupture, especially, the size and outline of the pad should correspond pretty nearly to that of the valvular hernial canal when at its greatest point of distension. In large inguinal ruptures which descend into the scrotum, and in those of the crural variety, which finally pass upward and outward over Poupart's ligament, this shape will correspond to that of the neck of the sac when fully distended. The form of such outline, with all the angles rounded off, will be usually an oval, elliptical, or egg-shape—sometimes wider above at the deeper hernial opening, and sometimes wider below at the more superficial of the hernial apertures; but most frequently, in oblique inguinal ruptures, widest in the middle opposite the dilated canal.

In ruptures of the direct non-valvular kind, such as the direct inguinal, umbilical, ventral, and some others, of which, being uncommon, I have scarcely opportunity on this occasion to treat, the opening is usually either round or oval; in the latter case, the long diameter is more or less vertical, usually, in the direct inguinal and ventral varieties, and more or less horizontal in the umbilical variety.

Outline and Surface of the Pad.—The best

kind of surface to prevent this inward plugging of the cutaneous tissues into the hernial opening is one of which the general surface is flat. Of course I do not mean that the edges are not to be well rounded off, but only that the bearing should be level at the sides, and rather more resisting there than in the central axis.

In oblique inguinal hernia, the shape of the neck of the rupture, where the tumor is lost in the abdominal wall, is more or less moulded by the form of the inguinal canal, and assumes a somewhat cylindrical shape, sometimes increasing in diameter toward the upper or lower opening, so as to be of a funnel-shape, and not unfrequently becoming dilated in the middle of the canal, in cases which have remained in the condition of a bubonocele for some considerable time.

The best general outline of pad to meet and retain this is an oblique oval, which should be large enough to overlap the limits of the dilated canal for at least half an inch each way. In this kind of hernia, in the male subject, I prefer a pad of a horseshoe-shape, in which a cleft or opening is made at the lower end of the oval large enough to allow the spermatic cord and pubic spine to lie in it, and thus escape compression. From the loose nature of the attachments of the cord at this point it readily adjusts itself to the chink in the truss, and the ends of the horseshoe lie on each side of the pubic spine, and embrace the hernial opening like the fingers of a hand. For direct inguinal hernia I prefer an ovoid or rounded pad, which has a depression or hole in the centre, to insure against any plug-like action. The bearing of this pad, therefore, is like that of a ring placed upon the body and overlapping the hernial aperture half an inch each way. The same ovoid shape, modified by placing its long axis in the same direction as that of the hernial opening, I use also in umbilical hernia. But, it may be objected, this opening in the pad will permit the rupture to pass into it, and so fail partially to retain it. Experiment shows, however, that with a hole so small, and with margins so broad pressed upon the skin and covering the tissues, the latter are kept stretched across the aperture in the muscles and tendons beneath them so firmly that no escape or protrusion whatever can take place through it.

For femoral hernia, I used a pad which is shaped to the anatomical peculiarities of the saphenous opening and crural ring. It is of an egg-shape, with the long diameter vertical and the broader end uppermost. The lower end is sloped off on its bearing surface more than the upper, which latter is intended to bear upon the crural ring, through which the rupture first descends.

Material of the Pad.—This is a matter of much importance, and must vary according to the sensitiveness of the patient or the object sought after. Most patients, after trial, prefer a smooth and even pressure from a hard yet somewhat elastic substance like ivory or vulcanite. If the object be a radical cure, which is sometimes to be obtained by truss-pressure, a hard firm pressure is essential. For the cheaper kinds of truss, boxwood is a good material. Like ivory and vulcanite, it can be washed and rubbed daily, and kept free from the dirt and irritating matters accumulated by prespiration. Ivory, vulcanite, or metal silvered over, is usually the most cleanly and comfortable substance to wear constantly next the skin. But some patient cannot bear this hard pressure. For such cases a soft pad must be used, such as the substance called "moc-main," enclosed in soft wash-leather; or, better still, a water or air-pad made of India-rubber, and covered with silk or wash-leather. These substances have the merit of ready and even adjustment to the shape of the resisting tissues, and a more effective adaptation. They should, however, be prevented from assuming the shape of a cone or plug, by being fastened down or depressed in the centre, or near the lower end of the oval, so as to give them a ring or horseshoe bearing.

For umbilical and some forms of ventral rupture, a cylindrical piece of vulcanized India-rubber, bent round into an ovoid ring, and the aperture covered on the side next the skin by a thin membranous piece, answers very well. The pressure is thus made upon the margins of the hernial aperture, fulfilling the double purpose of preventing the escape of the bowel through the opening, and of tending to close the aperture through which the rupture escapes. They thus become a more efficient means of curing the rupture, as well as a means of restraining protrusion.

The Retaining Apparatus.—To keep the pad in its place and to maintain a proper amount of pressure, two chief means are used, viz.: the side-spring and circular straps or elastic bandages. Of these it may be said that some modification of the former has been found most useful or essential in inguinal and femoral ruptures, while the latter are most used, and are certainly most generally applicable, in umbilical and ventral ruptures.

Reviews and Book Notices.

NOTES ON BOOKS.

The Archives of Science and Transactions of the Orleans County Society of Natural Sciences heretofore published at Newport, Orleans county, Vt., by J. M. CURRIER, M. D., will in future be issued at McIndoe's Falls, Vermont, where all exchanges and books for notice should be sent; also where all correspondence and exchanges of the Society should be addressed.

Dr. JOSEPH G. RICHARDSON'S introductory lecture to the course on pathological anatomy at the University of Pennsylvania, has been republished from the *Medical Times*. An original suggestion in it, which may prove one of considerable importance, is that "pathological variations of internal structure, which are conditional causes of disease, may be now handed down from parent to child, just as the peculiarities of feature, form of the skull, etc., of the Aryan and Semitic races have been transmitted from generation to generation."

A pamphlet describing the beneficial results from the use of mechanical appliances in Pott's disease of the spine, illustrated with cases, by Dr. JACOB A. WOOD of New York has been republished from the *Journal of Medicine* of that city.

A convenient apparatus for the clinical examination and speedy analysis of the urine is described by Dr REUBEN A. VANCE in a pamphlet of 12 pages (republished from the *Medical World*.)

Two republications in pamphlet form from the *Journal of the Gynæcological Society* have been received; one a contribution to the treatment of the versions and flexions of the unimpregnated uterus, by EPHRAIM CUTTER, M. D. (pages 44, price 50 cts); the second, a case of tubercular nephritis, resulting in abscess of both kidneys, by Dr. JOHN LAMBERT of Salem, New York. They can both be obtained of James Campbell, 18 Tremont street, Boston.

Stimulants and Narcotics; Medically, Philosophically and Morally considered. By GEO. M. BEARD, M. D. New York.: G. P. Putnam & Sons, 1871. 1 vol., paper, 12mo. Price, 50 cts.

Dr. BEARD'S book is very pleasant reading, decidedly the best, we think, of the many contributions to the literature of the subject which have appeared of late years. It combines very judiciously the guarded thought of the physician with the distinctness of opinion which the popular mind always loves. There is an admirable freedom from dogmatism and prejudice about its pages which we earnestly commend to all writers on these debateable topics. No excuse for excess can be found in any word of it, and yet the author is no extremist, but looks at man and his temptations with the calm eye of the philosophical physician. Of the various works on medical matters addressed to the public, by the author, all of which are good, we think this is the best.

We are rejoiced to see him overthrow a reproach which has often been charged on our profession—that of inducing a habit of tippling by administering alcoholates. He says, (p. 152), "Cases now and then occur where patients taking alcoholic liquors in disease, begin a habit which conquers them; but I have never seen such a case. Prof. AUSTIN FLINT, one of our highest living authorities in medical science, and whose experience has been very great, tells me that he never knew a case."

The somewhat lethargic interest which physicians and scientists have maintained toward the temperance reform is ably explained, and we hope will be carefully read. The principles on which intemperance should be treated are lucidly set forth, and indicate a liberal and conscientious study of this most knotty problem. Nowhere else will the reader find it more satisfactorily stated; and if the solution is not so easy and clear as all would wish, it is not the author's fault, but the intrinsic insolubility of the problem itself under existing conditions.

Some minor points are open to just criticism, however. For example, p. 116, the downright fatalism of the following paragraph overlooks the free moral agency of man and the power of Christianity:

"Bring together fat and alkali under certain conditions, and you make soap. Bring together ignorance, poverty and alcohol and in certain organizations, among certain races, and in certain climates, you make a drunkard. The law is no more inevitable in the one case than in the other."

This last sentence is not marked with the usual moderation of Dr. Beard's expressions.

As a question of fact, we have long doubted the assertion on p. 150 that "clergymen live longer than any other class" in the community. The most careful and recent statistics seem to show that persons of wealth, without occupations, are longest lived. We suspect that "the dryness of the air" in America (p. 108) has less to do with our national inability to bear liquor (?) than the kind of liquor we use and our manner of drinking. Finally, we may mention that the "black drink," the intoxicant of the southern Indians (p. 12), is not generally a species of holly, but the blue flag, *Iris versicolor*, which they raise for the purpose.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 11, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

MAN'S EAR-MARKS OF ANCESTRY.

The pictures and stories of the middle ages often represent the arch-enemy in his personal endeavors to seduce the saints, assuming various disguises, but, by fatal misadventure, always exposing at the critical moment the tip end of his tail, or enough of his cloven hoof, to betray beyond a doubt his infernal origin.

So it would seem that this paragon of animals—man, this being but a little lower than the angels, this creature who whilom boasted that he was a son of the gods, and formed in the likeness of his Creator, does after all bear about with him the indelible brands of ignoble descent, and the ear-marks (literally) of an ancestry which carries his genealogical tree not sky-ward toward the heavens and the gods, but earth-ward, to the baser animals, to the brute, aye, perhaps to those formless specks, the bacteria and the monads!

These brands of baser blood are his rudimental organs, which are the wasted representatives of what were function-performing parts in some ancestor. The upholders of "evolution" have proved, apparently, the truth of such parts of their argument as the wasting of organs from want of use, and the hereditary transmission of such wasted parts, and in man they point to the following rudimental organs in support of their theory:—

1. The projecting tip of the helix of the ear, rudimental of the pointed ear of animals.
2. The appendix vermiformis cœci.
3. The coccyx or rudimental tail, with its rudimental muscles.
4. The rudimental muscles of the ear, usually only present as functionless traces.
5. The plica semilunaris and lachrymal caruncula of the eye.
6. The platysma and scattered fibres of the panniculus, often present.
7. The psoas parvus muscle, so inconstant in man.
8. The corpora wolffiana of the embryo.
9. The parovarium and sinus pocularis of the male.
10. The sacculus laryngis.
11. The "vestigial fold" of pericardium. (Marshall).
12. The "sternalis brutorum."
13. The supra-condyloid ligament or process.

Little as we love the theory of these ruthless destroyers of our pleasant fancies, these iconoclasts of our idols, we confess that at the first blush how to account for these rudiments on any other but an evolution theory, it is very hard to see. No teleological reason for their existence can be given, as they are for no end, perform no function; we can otherwise give no intelligible reason for their presence.

But, because we have nothing better to suggest just now, that we shall straightway throw our faith overboard, and embrace all their tenets, is something they have no right to ask of us or any one.

Leaving aside all argument from psychological sources which tell against their theory, may we not imagine a hypothesis broader, deeper, truer than that narrow one of theirs, and conceive that a morphological plan exists in the Creator's mind to which all living organisms, separate creations though they be,

are made to conform? Are there not *undeveloped* organs in the lower animals, which subserve no function in them, but only ripen to their right use in nobler species? We believe there are, and we believe that this fact utterly subverts the whole evolution theory, so far as it is founded on rudimentary organs. We shall speak more fully on this point at some future time.

FABER'S TALKING MACHINE.

An exhibition has lately been given in the New York and Philadelphia Medical Colleges of the above interesting and curious apparatus, the invention, half a century back, of a mathematician of Vienna. The machine is intended to imitate in its workings the human vocal apparatus. It is operated by keys and levers, has a movable rubber mouth and tongue, an adjustable glottis, and in short all the pharaphernalia pertaining to speech. It is worked on phonetic principles, fourteen vowel and consonant words, variously combined, giving accurate rendering of any language. The dead monotony in which every syllable, word and sentence is rendered, and the accompanying creaking made by the bellows and levers, forcibly reminds one when the machine speaks, of the voice of a man whose lungs are filled with pus and mucus, and whose earthly career is almost run. Nevertheless, the inventive faculties and patience required to produce it rank its inventor as a man of knowledge and genius. As a model it is valuable in showing the mechanism of the human vocal organism; and at each exhibition its exhibitor (nephew of the inventor), thoroughly dissects it.

When exhibited here, Dr. J. SOLIS COHEN, delivered both at the Jefferson Medical College and the University of Pennsylvania, an interesting accompanying lecture on the organs of voice and the mechanism of speech.

Dr. COHEN began his lecture with an allusion to the well-known experiments of Prof. JOHANN MULLER and others, concerning the production of voice, which had established one fact, and that is that the lower vocal ligaments alone are concerned in producing the voice, and are therefore, in fact, as in name, the true vocal cords. After running over the anatomy and physiology of the larynx, he proceeded to elucidate the method of the formation of the different registers of the singing voice, as observed in the living subject, by means of the laryngoscope.

The rise in pitch is, as explained by the lecturer, due to a stretching and shortening of the cords. This is done by the action of the lateral crico-arytenoid muscle, which draws the arytenoid cartilage forward and outward, thus turning the vocal processes inward, and stretching the cords posteriorly. At the same time the crico-thyroid muscle, drawing the thyroid cartilage down upon the cricoid with a forward rotary motion, stretches the cords anteriorly. While the cords are being stretched in their length in this manner, the thyro-arytenoid muscle to which the cord is inseparably attached, and which the doctor called the vocal muscle par excellence, stretches the cord laterally, thus rendering it tense enough to act as a reed and to be set into vibration by the passage of the current of air. The complexity of this muscle is such that by a partial action of one set of fibres, it produces a slight bulging upward or vaulting of the vocal cords, and assists in their shortening.

When the action of the parts is viewed in the laryngoscope during the emission of the chest register, we see the arytenoid muscles contract and compress the arytenoid cartilages together, and as the voice rises in the scale, the arytenoidal muscles contract more and more gradually, shortening the chink of the glottis, which is still further gradually shortened anteriorly by the increasing contraction of the anterior fibres of the thyro-arytenoids. This occurs more and more at every higher note, until a point is reached at which, if this action is continued, the vocal cords become congested, showing that there

is undue tension, and this point marks the natural limit of the chest register. During all this time *the vocal cords vibrate in their entire breadth*, and this constitutes the essential feature of this chest register.

In the formation of the falsetto register, the glottis again lengthens as before, the vocal cords seeming longer than during the formation of the chest tones, and less vaulted in form. As the higher notes are produced, a similar action of shortening occurs to that already described, until a point is again reached where signs of congestion appear marking the upper limit of this register. During all these notes *the edges alone of the vocal cords are in vibration*, constituting the essential feature of the falsetto register.

In the production of the head tones, which is only produced in larynges whose arytenoid cartilages have very long vocal processes, these vocal processes become tightly compressed together *completely closing the posterior portion of the glottis, so that there remains open only an oval or elliptical fissure anteriorly*, which seems to occupy but little more than one-half of the length of the cords, and during the emission of the voice the edges of this oval opening vibrate. This complete closure of nearly the entire half of the glottis posteriorly constitutes the peculiarity of the head voice.

SCURVY AND ITS PREVENTION.

It is strange that there still exists such a discrepancy of opinon about the cause of scurvy. An interesting contribution to the literature of the subject has recently appeared in the *Deutsche Vierteljahrschrift für öffentliche Gesundheitspflege* from the pen of Dr. J. FELIX, who for several years was army surgeon in the Russian service at Bucharest, and elsewhere.

He does not believe that the lack of vegetable acids produces the disease. On the contrary, he noticed that during the four or six weeks fast, when abundance of fresh vegetables are furnished the soldiers, but no meat, the disease increases alarmingly, and disappears when the fast is over. The Finns and Samayedes, who live on fat and flesh only for months at a time, do not suffer from the complaint.

His treatment was iron and quinine, which was successful. Nevertheless lime and lemon-juice have been of the greatest value to the marine service, and it is a question of no small importance, how we can supply the place of these preventives.

The *Pharmaceutical Journal* remarks that before the year 1795 the disease was extremely fatal on ship-board. In 1700, according to BUDD, "the squadron under Admiral Geary, after a cruise of ten weeks in the Bay of Biscay, returned to Portsmouth with 2400 men affected with it." But in the year above quoted lemon-juice was introduced into the Royal Navy, and in 1813 the diminution of sick and of deaths was in the proportion of nearly four to one.

But as both lime and lemon-juice are costly, and are kept with difficulty in good condition, many trials have been made of ingredients that enter into its composition. Citric acid has been extensively tried in convict ships and elsewhere as a *curative* agent in cases of scurvy, and the verdict given by most authorities is decidedly favorable. The potash theory has been strongly maintained by Dr. GARROD, but has failed to receive support or favorable proof from practical men. The virtues of phosphorus have been lauded by JOHN MORGAN, of Dublin, whose theory was at the outset unsound, in that he failed to perceive that, in the form proposed, no assimilation of phosphorus in the system could possibly take place.

In point of fact, most writers, however sincere they be, have omitted to recognize the fact that the prophylactic, and not the curative agent is the important point to be determined. Lime and lemon-juice contain citric acid, sugar, gum and potash, with a small propor-

tion of malic, tartaric and phosphoric acids. Citric acid has been given in the mercantile marine in lieu of lime and lemon-juice, with scurvy as the result, and the British Merchant Shipping Act of 1867 was passed to ensure the issuing of good juice to the crews of merchant ships. Since this Act has taken effect, the admissions for scurvy into the Seamen's Hospital have decreased by 70 per cent., and we must therefore believe that some practical sanitary good has accrued. But some writers believe that the same amount of benefit may be as completely and more economically derived from the use of citrate of potash. We are not prepared to deny the soundness of the theory, but as practical proof cannot at present be brought to its aid, we must wait until chemists may assist by suggestions to find out, for the benefit of the physician and his patients, the special anti-scorbutic ingredients of lime and lemon-juice.

The disease is often prevalent in a slight degree among the poorly fed classes of our population in both country and city, and often escapes the notice of the physician, while it retards recovery from other complaints.

Notes and Comments.

Intemperance in Use of Quinine.

A newspaper says: There are various kinds of intemperance, and dosing is by no means the least of them. We are told that the amount of quinine sent from Philadelphia to the West this year is immense, and greater than ever before. In California, during the early emigration, men would squander a vast deal of money in quinine, which was not to be had for a song, prescribing for themselves, and turning medicine taking into a kind of self-indulgence. Undoubtedly, quinine, if it does no more, alleviates fever and ague; but a man who goes on taking it all his life and neglecting natural and ordinary precautions, will ruin his physical constitution and misspend his money.

There was a time during the peninsular campaign, when many of the troops on the Chickahominy, under the advice of the surgeons, regularly took their whisky and quinine every morning, to ward off the supposed tendency in that locality to "fevers."

Fire-Proof Dresses.

A chemist of Vienna, it is reported, has succeeded in discovering a composition which will make even the slight material of ballad dancers' dresses fire-proof. The Prince of Lichtenstein has given this composition a first trial on the stage in his own palace in the presence of a numerous company. The rise of the curtain discovered two life-sized dolls, dressed as ballad girls, to both of which a light was applied. One of the dolls was rapidly reduced to ashes, while the other, saturated with the protective composition, escaped with a small hole burned in the dress.

The Chicago Fund.

The physicians of this city have organized a committee for the special purpose of relieving the physicians of Chicago who have been sufferers during the late fire. The Chairman of the committee is Dr. H. LENOX HODGE: Treasurer, Dr. J. L. LUDLOW; Secretary W. B. ATKINSON.

About fifty physicians lost their libraries, instruments, office furniture, etc., and many of them their houses. Contributions will be received by either of the above named gentlemen, in money, books or surgical instruments. Money sent for the relief of physicians will be appropriated for that purpose. They will also receive for the general fund.

No doubt the medical profession of this city will respond promptly and liberally to this call.

Fluorescence of Oil of Peppermint.

Dr. FLUCKIGER, has noticed an interesting property of oil of peppermint. When shaken with nitric acid, the oil exhibits a magnificent greenish-blue fluorescence. This hitherto undescribed phenomenon is extremely beautiful, especially when the electric spark is passed through it by means of the ordinary vacuum tube. The doctor remarks that, unfortunately, it is not a true test for the purity of the oil of peppermint, because other oils may be present without preventing the fluorescent appearance.

Influence of Diet on the Composition of Bone.

It would appear from the experiments of M. PAPILLON, communicated to the French Academy of Medicine, that strontia, magnesia and alumina can be made to enter into the composition of bone by means of an appropriate diet. If this conclusion be well founded, it suggests the possibility of modifying the animal body by means of medicines, and thus producing permanent alterations in structure.

Adulteration of Tobacco.

The English Commissioners of Inland Revenue have reported some interesting facts on this topic. 152 samples have been examined by English Revenue officers; 28 contained adulterants such as sugar, liquorice, and logwood. In one case the sample was adulterated with 30 per cent. of liquorice. The amount of tobacco cleared for consumption during the year 1869 gave an average of 1 pound, 4¾ oz. per head of the population, against 13¾ oz. in 1841. Adulterated samples of snuff have been found to contain oxide of iron, alumina, glass, coal, pine-wood, fustic, straw, and an excessive amount of sand.

A Medical Worthy.

Dr. RICHARDSON, of London, in a late speech, said: Every reading man and woman knows that in the reign of Queen Elizabeth the book of Shakespeare's plays had its origin, and nearly every one who has read that book (and who has not?) remembers the curious saying in it, "I'll put a girdle round the world in forty minutes." But how many are there who have read another great book of that same reign, entitled "De Magnete," or are aware that at the time when Shakespeare was writing his now familiar phrases, the author of the book on the magnet, the Queen's physician, one William Gilbert, when his daily toils of waiting upon the sick were over, was working with his smith in the laboratory at his furnace, needle and compass, was writing up for the first time the word "Electricity," and was actually forging the beginnings of the very instruments that now, in less than forty seconds, put the girdle round the globe!

Cotton-Wool Respirators.

One or two of the medical men in the neighborhood of Manchester, England, have adopted the plan of wearing a cotton-wool respirator during their visits in cases of contagious disease—the respirator being applied on entering, and removed on leaving, the house. As, however, the nostrils are still only guarded by the natural filter afforded by the *vibrissæ*, it is doubtful whether this will prove an effectual barrier to the entrance of the poison. It does not seem unlikely, nevertheless, that the practice will become general should cholera assume serious proportions. It must be always remembered that, even though the respirator may afford some protection to the wearer, its use will not obviate the necessity of care on his part against becoming a means of conveying contagious disease.

Chloral in Urino-Genitary Diseases.

In *incontinence of urine*, Dr. W. THOMSON has recorded two cases of long duration which were *rapidly* cured by chloral (*Lancet*, Nov. 19, 1870), and Dr. Bradbury has met with similar success. Dr. Bradbury also recommends it, and has been successful in the treatment of nocturnal *incontinence of semen*. In both these affections he considers chloral to possess marked advantages over belladonna.

East Indian Cure for Headache.

The people about the Jumna and Tonsee rivers, have, says Mr. Wilson, a rather curious way of treating a common headache. They place the sharp edge of a razor against the forehead, and give the back a fillip with the finger, and thus bleed themselves. In hot weather I have known some of my own workmen to do it every day for nearly a month. Another remedy for headache is, to lie down by the fire, and with the forehead as near to it as bearable. It is a very good one, I believe. I have tried it myself with success when my own remedy failed.

The Color of Honey.

The color of honey varies very considerably, according probably to the difference of the vegetation on which the insects feed. Sometimes it is of a green hue, sometimes it is black, blood red, and at others it offers various shades of orange or yellow, and there are instances on record of dysentery and death occasioned by the noxious qualities it contains.

The island of Bourbon yields a delicate kind of green honey, which is exported to India and bears there a very high price. The same colored honey occurs also in Southern Africa, and it is not improbable that in both localities the same species of bee will eventually be discovered to exist.

Iodized Milk.

From HOFFMAN'S most admirable report on the "Progress of Pharmacy," we make the subjoined extract, which has a practical value for the physician: It is well known that milk takes up iodine, disguising its taste, smell, and color, completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutic effect seems to be equal, only, to about one-fifth of the iodine. Hagar thinks iodized milk will soon become a favorite form of administering iodine, and suggests the following mode of preparation: One part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh, warm cow's milk.

Electric Probe.

One of the most striking applications of electro-magnetism was developed during the recent Franco-Germanic war, although we recollect to have seen the apparatus at the Exposition of 1867. It consists of a probe so arranged that as soon as the points touched the bullet, a circuit was completed and a little bell would be rung. It is painful enough under any circumstances to have to feel about in uncertainty in search of the missing ball, and as a bone would easily lead the surgeon astray, some tell-tale like the semaphoric apparatus described above could not be regarded in any other light than as a great blessing. In 1867, the instrument was looked upon as a toy, and contemplated by Frenchmen with a characteristic shrug of the shoulder; but in 1870, its real value was found upon many a battle field.

——A collection of minerals, Indian relics, fossils, shells, fishes and skeletons, made by the late Dr. ATWOOD of Castleton, Vermont, has been presented by Mrs. ATWOOD to the normal school at Castleton, and with the specimens formerly in the Seminary will make altogether about two thousand specimens.

Correspondence.

DOMESTIC.

The Proper use of Digitalis.

EDITORS MED. AND SURG. REPORTER:

While reading the very able article on treatment of irritable heart, by J. M. DACOSTA, M. D., published in the HALF YEARLY COMPENDIUM for July, 1871. I was reminded of what I have for several years believed to be a fact, viz.:

That digitalis, as a remedy in certain forms of heart disease. has never been nor *is* now fully appreciated by the general practitioner, *nor the best authors*. This is owing to two facts, first, a want of discrimination in its administration; in other words, by giving it when contraindicated it has been the cause of serious mischief, thereby giving rise to a fallacy in regard to its action. I refer to the so-called "accumulative" action of the drug. Second, that the general belief in this supposed accumulative action, so *constantly* and *forcib'y* set forth by authors and teachers, has prevented the administering of digitalis in sufficient quantities to obtain anything but meager results. This, at least, has been the case so far as my knowledge extends, both from reading and observation. In the paper referred to above, we find ten drops of the tincture the usual dose; and after being continued for weeks and even months in some cases, but little, if any good, resulted, while in others of same class the good effect was more marked. Now, is not this the case with any medicine given in small or medium doses in a given number of cases?

Take, for instance, a number of cases of ague; give them all the same amount of quinia sulphas, say six grains per day, and what will be the result? Some you will cure; others will be slightly benefitted; others again will shake as regularly as clock work. Now, I believe in giving medicine for its effect, and if a moderate dose produces no effect, I increase it until I get some action from it, either beneficial or otherwise. And until I adopted this plan with digitalis, my experience with it was anything but satisfactory.

I must say that ten drops of the tincture three times a day is, according to my experience, entirely too small a dose to obtain the *full medicinal* effect of the drug. In regard to the mode of action of digitalis, I propose to say nothing at present, but will simply give the results of my own observation as to what it does, and leave it for others to say how it does it. In order to do so, I will refer to a case or two.

April 25, 1869, I was called to see Miss Mary N. æt. 15, a slender, undeveloped girl, of nervo-bilious temperament; she had never menstruated, and had suffered from rheumatic

fever for four or five weeks; had been treated by Dr. S., who gave potassæ acetas in large quantities, which produced severe purgation. For about a week before, and up to the time I was called, she had had from six to ten passages a day. (It is due to Dr. S. to say that for the last two days he had been absent, and the medicine had been continued with the above result.)

On examination, I found the patient very much prostrated, not able to turn herself in bed, very pale, skin cool and moist, expression of face anxious, breathing labored, impulse of heart 165, irregular and jerking; a regurgitant bruit was distinctly heard at the apex; the rheumatic trouble had subsided in the limbs, and she had neither pain nor soreness. Ordered the following:

R.	Tinct. ferri chloridi,	ʒj.
	Quinini sulph.,	gr. xx.
	Syrup. simplicis,	ʒiij. M.

Sig.—Teaspoonful every 4 hours.

To have camphor et opii. pill to control bowels if necessary; to have a little beef-tea and brandy every two hours.

April 26th. She had but one passage since last visit; felt a little stronger; breathing slightly improved; no change in action of heart; continued treatment and good veratri veridi (Norwood's), five drops every 3 hours.

27th. Dr. S. returned; we saw the patient together; general condition improved, impulse of heart not so strong, otherwise unchanged; continued treatment, and increased the veratrum to six drops.

28th. Was sent for early in the morning; on my arrival I found the patient suffering with severe dyspnœa; impulse of the heart still 160, but very weak and tremulous; gave brandy freely every few minutes, under which the impulse of heart become stronger, and dyspnœa less urgent. Discontinued veratrum; continued iron and quinine, beef tea and brandy (regurgitant bruit was very distinct at this time), and ordered tinct. digitalis, 15 drops every 4 hours.

29th. Better; impulse of heart 140, more regular; dyspnœa almost entirely relieved; continue treatment, but increased digitalis to 20 drops.

30th. Much better; impulse of heart 20, more regular, breathing easy, appetite returning; bruit just perceptible at times; continue treatment.

May 1st. About the same as on last visit; continue as before, but increase digitalis to twenty-five drops.

2d. Decided improvement; impulse of heart 100, and regular; bruit disappeared. Wanted to sit up; ordered to be kept quiet in bed; continue treatment and good diet.

May 3d. Still better in every respect; continue treatment.

May 5th. Feeling quite well; impulse of heart 85, and regular; wanted to sit up; allowed to do so, and continued treatment.

May 7th. Not quite so well; impulse of heart 100, and a little jerky. Ordered good diet and to have half drachm of the tincture digitalis three times a day. From this time her improvement was rapid and complete. The treatment was continued for three weeks, when she returned to her home in Washington county, Pa., well, and has had no return of her trouble since.

I could refer to a host of other cases; many of soldiers treated while in the army during our late war, similar to those described by Dr. DaCosta, but treated with from half drachm to drachm doses of tincture digitalis (u. s. p.), three times a day, with uniform success.

N. D. Cone, M. D.

New Brighton, Beaver Co., Pa.

News and Miscellany.

Cundurango.

The *American Journal of Pharmacy* says: We have hitherto refrained from giving to our readers the glowing accounts of the efficacy of this wonderful humbug, simply because we looked with suspicion upon its introduction into the list of standard materia medica as an unfailing specific in cancer. The most surprising feature of its history has been the manner in which the State department has been used as the tool to advertise it as a nostrum. That it does not cure cancer has been proven by the medical profession of Washington, D. C.; several of the patients who improved under its use, have subsequently convalesced into the grave, and the others are about the same as before they commenced using it.

The first authentic news of its origin which we have seen, is contained in the communication from Mr. Dan. C. Robbins, appended to this. From Dr. Fred. Hoffman, of N. York, we have received substantially the same information, accompanied by some specimens, one of which is identical with a specimen received from Professor Jos. Carson, of this city, which had reached him from the State department through Professor Henry, of the Smithsonian Institution, and was, therefore, some of the original cundurango that reached this country. Dr. Hoffman informs us that almost weekly shipments of this drug arrive at New York from Guayaquil, Ecuador, many of which are not genuine; they may probably be identical with the "big fruit" and "little fruit," mentioned by Mr. Robbins. The reduction in price from $100 to $30 per pound may be partly due to the increased supply, partly to the counterfeit article. We presume that the market will soon be "overstocked" and remain in that condition.

Editor American Journal of Pharmacy:

Dear Sir: We had a few days since a call from Mr. Wiehl, U. S. Consul at Guayaquil,

with samples of the flowers, leaves and fruit of the cundurango vine.

The name cundurango means, literally, eagle vine. Of this plant, it appears there are some six known varieties, but three of which have been much used medicinally, called in Spanish, "dog killer," "big fruit" and "little fruit." The dog killer is the only true officinal cundurango, and is easily distinguished from all the other varieties, by the fact that when cut transversely, the bark of the vine is full of small red crystals, which are resinous and shining, in cells. All these plants belong to the Asclepiadeæ family. The flower, the leaf, and the pod, with the seed and silk fibres of the true "mata perro," or dog killer, look almost precisely like those of our own milkweed.

The cundurango is a tropical climbing milkweed, seeking the loftiest trees in the cinchona region, and the testimonials about it are very high as an alterative for syphilitic affections, etc. In haste, your friend,

DAN. C. ROBBINS.

Hydrate of Chloral.

The hydrate of chloral, which in 1869 cost eighty dollars a pound, so that each sleep produced by it could be reckoned at one dollar, is now advertised on the list of a German chemical factory at about two dollars a pound. Such an enormous reduction in the price of a chemical product in so short a time has rarely occurred. Perhaps the only parallel case is metallic sodium, which, a few years ago, could not be had for two hundred dollars a pound, but can now be made for seventy-five cents. According to Dr. RICHARDSON, the secret use of chloral in England has become so great that the victims must be put in the same class as the opium eaters. In proof of the enormous consumption, he states that during the last year and a half, four dealers have sold forty tons, sufficient to give narcotic doses to 36,000,000 people—in other words, every person in England could have had one good sound sleep out of the amount sold. In reference to the *maximum* dose that it would be safe to take, Dr. Richardson puts the amount at one hundred and twenty grains; he regards one hundred and eighty grains as likely to prove fatal. He also warns against the gradual increase of the dose, as its effect upon the organism is just the opposite of opium, the system in fact, becoming more sensitive the longer it is used.

Prof. Faber's Talking Machine.

At the Jefferson College, on a recent evening, Dr. J. SOLIS COHEN delivered a lecture on the mechanism of the human voice, illustrating his remarks by an exhibition of the famous talking machine, invented and constructed by Prof. FABER, of Berlin, and which was exhibited in this city thirty years ago. The original inventor was the uncle of the present exhibitor, who has spent several years in improving it and adding sounds which were not previously produced. Dr. Cohen began by describing the anatomy and physiology of the larynx, and the production of the registers of the voice, as seen in the laryngoscope. The construction of the machine was shown to be a close copy of the human organs, moved by levers similar to those of the piano, the bellows or lungs of the machine being worked by a pedal. Prof. Faber uses but fourteen sounds to produce all the combinations of speech. At the close of the lecture, an exhibition of the working of the machine was given. It was made to pronounce a large number of proper names, and to speak sentences in both the English and German languages.

Results of Intemperance.

It is impossible to read, without an almost hopeless sinking of the heart, the calm, clear, pitiful, and sincere report which Drs. PARKES and SANDERSON have just presented to the Town Council of Liverpool, in which they describe the irresistible mass of evidence which has led them to the conclusion, that at the bottom of the fearful excess of mortality in that wealthy and intelligent city, lies this one wide-spreading curse, intemperance. The people herd together like brutes; they couch at night in flocks in miserably crowded and fœtid rooms; they have neither food, furniture, nor clothing; their children are killed off in hecatombs by exposure, slow starvation, and neglect, because husbands and wives, fathers and mothers, earning regularly from twenty to twenty-seven shillings a week, and often much more, waste all their substance in drink—brutify themselves with alcohol—and sink habitually by tens of thousands into the most fatal disregard of the habits of life necessary to health, morality and public safety.

A Chemical Discovery.

Nature states that M. WURTZ has announced to the French Academy the success of a young chemist in his laboratory, in transforming lactose, or the uncrystallizable sugar of milk, into dulcose or dulcine, the sugar of mannite, which may easily be obtained in very beautiful crystals, by the succesive reaction of hydrochloric acid and sodium-amalgam.

The Tonga Bean.

The Tonquin or Tonga bean (*Dipteryx odorata*, Willd.) is well known for its agreeable hay-like fragrance. The only uses made of these beans are, we believe, for scenting snuff, and as an ingredient in perfumed sachets, for which purposes they are imported into this country. It is not a little remarkable that a

closely-allied species, *D. Ebœnsis*, the Eboe-nut tree of the Mosquito shore—which has a fruit and seed so nearly resembling the Tonquin as to be scarcely distinguishable—has no fragrance whatever, but contains a large quantity of fatty oil, which is expressed by the natives and used as a hair oil. The "Mexican Balm," once so much advertised for promoting the growth of the hair, is said to be made from this oil.

The Small-Pox in Ancient Times.

The ravages of the disease in the thirteenth century, at which time the Crusaders met it in the East, was fearful. It was a worse enemy than the Saracen, and is to be counted among the many things, evil and good, which date in Europe and this country, from the effort of the Christians to recover the Holy Land from its Mohammedan possessors. Beginning its ravages in Spain and France, the small-pox first appeared as an epidemic in Germany, in 1495. Military expeditions and invasions were the most notable means of the transmission of the fearful scourge. From Germany and France the disease spread all over Europe, and came thence to this continent.

Chloralum.

The *Scientific American* says: About forty years ago, a Frenchman, whose name has escaped us, wrote a short work on disinfectants, which was reviewed in *Silliman's Journal*, in which book, among other things, the author recommends, as an antiseptic, the hydrated chloride of aluminum, now known as chloralum. For some reason, the matter was forgotten until Mr. GAMGEE revived it; and a year ago, no household was considered safe without a moderate supply of the chloralum. The experiments with it have not quite come up to the general expectations, although in medicine it has established a favorable reputation.

Analysis of Chloral.

In the *Ann. der Chem. und Pharm.*, 1870, Mr. LIEBER describes a very convenient method of detecting the presence of alcohol in chloroform or chloral hydrate. He effects this by warming the suspected sample in a test tube with a little iodized potassium iodide, and afterwards potassium hydrate. If alcohol be present, crystals of iodoform will be deposited.

New Localities for Cinchona.

New localities have been successfully tested for the cultivation of the poppy and cinchona plants. At the January meeting of the Pharmaceutical Society of Great Britain, a paper by Mr. WARD was read on a sample of Australian opium, collected in Gipps' Land, and sent to Mr. HILLS for examination. It contained no less than 9 per cent. of morphia, so that the Australian climate may eventually prove favorable to the growth of the poppy plant.

Damages Awarded to a Physician.

NORMAN WEBSTER *vs.* Town of Halifax, Vermont. This was an action on the case to recover for damages sustained, in consequence of the insufficiency and want of repair of a highway. The plaintiff is a physician, and his evidence tended to show that, June 23, 1870, while he, with two horses and a carriage driven by one Willie Dennison, were passing over a bridge in said Halifax, the off horse broke through a defective plank, which caused the plank to fly round forward on the opposite side, frightening the near horse and causing it to jump to the right, and precipitating horses, carriage and occupants off the bridge into a stony gulf some fifteen feet below. That the carriage was damaged some $25 worth, and one of the horses was lessened in value about $50. That plaintiff sustained a serious contusion of the right shoulder, a misplacement of the bones at the shoulder joint, a severe injury to the deltoid muscle, the capsular ligaments of the shoulder, the long tendon of the biceps, the circumflex nerve, together with an injury to other muscles about the shoulder, and a severe concussion of the spine. That he had not recovered the use of his shoulder, being now unable to raise his hand, or to give the arm the rotary motion as in its normal condition. That his spinal cord was diseased, and that the prospects of a full recovery were extremely unfavorable.

The evidence on the part of the town tended to show that the bridge was in good repair, and that, in crossing it, the doctor was driving at an unusual and unreasonable speed, that one of his horses was ugly and balky, and that he was not in the exercise of ordinary care; also that his injuries were not of so serious a character as claimed, but that they were to a certain extent simulated. A large number of medical experts testified on one side or the other, as to the nature and extent of plaintiff's injuries. The trial was commenced on Monday and lasted till Friday forenoon; the jury, after a short consultation, returned a verdict for plaintiff to recover $2,188.50 damages.

Cultivation of Cinchona in the United States.

In a report of the Department of Agriculture at New York, Dr. C. C. PARRY states the general result of his inquiries, made during a recent visit to Jamaica, in regard to the cultivation of the cinchona in that island, and the possibility of its introduction into the United States. He says that the peculiar conditions of soil and climate required for the growth of the best varieties of the cinchona plant cannot be found within the limits of the United

States, where no suitable elevations possessing an equable moist, cool climate, free from frost, can be met with. He thinks that the island of San Domingo, situated within the tropics, and traversed by extensive mountain ranges, attaining elevations of over 6000 feet above the sea, presents a larger extent of country especially adapted to the growth of cinchona than any other insular region in the western hemisphere, and that the material for stocking successful plantations in that island might be conveniently and economically obtained from Jamaica.

Anecdote of Jenner.

One of his learned opponents asked Dr. JENNER "What may be the consequences, after a long lapse of years of introducing a *bestial humor* into the human frame?" To this the question was returned: "What may be the consequence of introducing cow's milk, beef-steaks and mutton-chops?"

Sewage as a Fertilizer.

City sewage as a fertilizer has been used near several towns in England with decided success. Recently the sewage of Leamington was purchased by Lord WARWICK for a period of thirty years, at a rent of $2250 a year. The sewage will be forced by large pumps through mains two miles long, to the estate where it is to be used.

Xylonite.

Xylonite, says the *Lancet*, is a substance of which the chief ingredient is, we are informed, chemically allied to gun-cotton, being formed by the nitric acid upon woody fibre. One of the chief uses to which it is applied is for making impermeable sheeting; and if all that is said about it bear the test of experience, it bids fair to take the place of India-rubber. Different samples of waterproofed fabrics vary in substance from a thin transparent tissue up to a thick, strong cloth, suitable for waterbeds, water-cushions and other articles where strength of fabric is all important. Xylonite has, it would appear, several advantages over India-rubber. It is not affected by a boiling temperature, and can be readily washed in soap and water and ironed like ordinary linen or cotton fabrics. It is not acted upon by oil or grease. Xylonite materials can be made of any color, are considerably cheaper than similar gutta-percha or India-rubber fabrics, can be used again and again, and can be kept in store for any length of time without deterioration.

Dixmont.

Dr. GEORGE PURVIANCE, of Pittsburg, has been elected assistant physician to Dr. REED at Dixmont Hospital for the Insane.

——The following gentlemen have been elected as lecturers by the corporation of Harvard University: Dr. J. NELSON BORLAND, as Instructor in Clinical Medicine; Drs. CLARENCE J. BLAKE and JOHN O. GREEN, lecturers in Otology, for the current Academic year, and Dr. HENRY K. OLIVER, as lecturer on Laryngoscopy for the current year.

The following appointments were also recommended: J. C. WHITE, M. D., as Professor of Ophthalmology, and JOHN E. TYLER, M. D., as Professor of Mental Diseases, all for the term of five years from Sept. 1st, 1871.

——Violent exercise is seldom useful. It was noticed by the early Greeks, that no one who in early youth won the prize at the Olympic games ever distinguished himself afterward. The same principle holds good in regard to overtasking the mental powers in early life. An overworked brain is the source of sorrows in later years.

Words of Encouragement.

Dr. D. N. P., North Carolina, says: "I am very much delighted with the MEDICAL AND SURGICAL REPORTER. It ought to be in the study of every physician in the United States." Those who are acquainted with it "can bestow no greater favor on their neighboring brethren of the profession than to induce them to subscribe."

MARRIED.

ANSHUTZ—HOOVER.—By Rev. J. M. Nourse, at Bellaire, O., October 10th, at the residence of Dr I. Hoover, Mr. Edward J. Anshutz, of Wheeling, and Miss Annie E. Hoover.

CRAIGE—MATTHIAS.—On the 22nd of September, 1870, by Rev. John Chambers, Dr. T. W. Craige, of Norristown, Pa., and Amanda Matthias, of Philadelphia.

GRIFFITH—HUTCHINGS.—At the Christian Chapel, Madison, Indiana, Oct. 4th, by Elder J. B. Ludwig, Thomas J. Griffith, M. D., of Darlington, Ind., and Martha E. Hutchings, M. D., of Madison, Ind (*Corrected.*)

HANSEN—WOODS.—At the residence of the bride's parents, Winchester, Illinois, Oct. 29, 1871, by the Rev. B. B. Hamilton, Dr. Florian E. Hansen, and Miss Mary C., daughter of Col. John R. Woods, all of Winchester.

LONGSTRETH—HASTINGS.—October 11th, at the residence of the bride's parents, Cambridge, Mass., by the Rev. Mr. Newell, Morris Longstreth, M. D., of Philadelphia, and Mary O., daughter of Oliver Hastings, Esq.

MCLEAN—MILLER.—October 22nd, at the M. E. Church, Fayette, Iowa, by Rev. Mr. Norton, J. W. McLean, M. D. of Volga City, Iwoa, and Miss Anna Miller, of Fayette.

MAYER—MONROE.—Nov. 1, at the residence of Mrs. R. C. Grier, in Philadelphia, by the Rt. Rev. Wm. Bacon Stevens, D. D., Dr. Edward R. Mayer of Wilkesbarre, Pa., and Elizabeth Grier Monroe, daughter of the late Hon. Robert C. Grier.

POMEROY—BURRITT.—Bridgeport, Conn., Nov. 1st, 1871, by the rector, Rev. Mr. Briggs, at Christ Church, Mr. Geo. D. Pomeroy of Utica, N. Y, and Miss Julie F. Burritt, youngest daughter of H. L. W. Burritt, M. D., of Bridgeport.

DIED.

PARRISH.—On the 3d instant, at his residence, Oxmead Farm, near Burlington, N. J., George Dillwyn Parrish, aged 51 years, son of the late Dr. Joseph Parrish, of Philadelphia.

MCINTYRE.—On the 14th of October, in London, Sumner county, Kansas, Dr. George McIntyre, son of John and Jane McIntyre, of Catasauqua, Pa., aged 31 years and 8 months.